

Fighting for a Debt Free Future

- Yes! I have more debt than I would like! I feel burdened by debt.**
- Yes! I'd like to be involved in an effort to stop lenders & debt collectors from unfair practices.**

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

Which of the following do you have or use?

- | | |
|---|--|
| <input type="checkbox"/> Credit card | <input type="checkbox"/> Check Cashing store |
| <input type="checkbox"/> Checking account | <input type="checkbox"/> Debit card |
| <input type="checkbox"/> Savings account | <input type="checkbox"/> Pay Day Lender |

During the past 12 months, have you had any of the following kinds of debt/loans?

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Debt | <input type="checkbox"/> Court Debt |
| <input type="checkbox"/> Credit Card Debt | <input type="checkbox"/> Payday or car title loans |
| <input type="checkbox"/> Healthcare-related Debt | <input type="checkbox"/> Personal Loan |
| <input type="checkbox"/> Car Loan | <input type="checkbox"/> Rent to own loan |
| <input type="checkbox"/> Student Loan | <input type="checkbox"/> Other _____ |

If you currently have a student loan, it is/was to attend what school? _____

Have you experienced any particular hardship that caused you to borrow more?

- | | |
|---|--|
| <input type="checkbox"/> Laid off | <input type="checkbox"/> Increased costs taking care of dependents |
| <input type="checkbox"/> Hours at work cut | <input type="checkbox"/> Divorce/separation |
| <input type="checkbox"/> Someone else in household laid off | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Healthcare-related expenses | <input type="checkbox"/> N/A |

Was there any particular expense that you needed to pay? **Yes** **No**

If yes, what was it?

Which of the following best describes your current employment or work status?

- | | |
|--|--|
| <input type="checkbox"/> Work full-time for an employer or military | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Work <i>part-time</i> for an employer or military | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Unemployed or temporarily laid off | <input type="checkbox"/> Full-time student |
| <input type="checkbox"/> Permanently sick, disabled, or unable to work | <input type="checkbox"/> Retired |

If working: Employer _____ Occupation _____ Union _____

Does your employer offer paid sick days? **Yes** **No** If yes, how many? _____

Does your employer offer paid family leave? **Yes** **No** If yes, how much time? _____

Does your work schedule change regularly? **Yes** **No** If yes, how far in advance do you get your schedule?

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In addition to paid work, can you check all the other work you do regularly?

- Housework (laundry, preparing meals, cleaning, groceries)
- Childcare (including helping child with homework, doctor visits)
- Taking care of parents or other dependents (including doctor visits)
- Your own schoolwork
- Other: _____

How much of your time everyday do you spend on this work? _____(hours)

Which of the following loans/debts have you been most worried about or have had the most trouble with?

(choose the one that is the biggest problem or worry for you)

- Mortgage Debt
- Credit Card Debt
- Healthcare-related Debt
- Car Loans
- Student Loans
- Court Debt
- Payday or car title loans
- Personal Loan
- Rent to own loan
- Other: _____

What was the reason that you experienced the most trouble and/or worry with this debt/loan? (check all that applies)

- Large balance owed
- High interest Rates
- High Fees
- Fees I wasn't told about
- Balloon payment
- Other: _____

Have you experienced any of the following from creditors or collection agencies?

- Called my home at inappropriate times
- Harassed or threatened me or family members
- Called me at work
- Hung up on me
- Used abusive language
- Threatened me with jail
- Threatened to take my wages
- Took – garnished – my wages
- Threatened my immigration status
- Threatened to put a Lien on your house
- Other

Is there one lender/company/collector you have had the most trouble or frustration with? Yes No

Who?

Which of the following have you experienced due to your debts/loans? (check all that apply):

- I am only paying the interest on my loans or debt
- I have paid late & been charged late fees
- The interest rate on my credit cards has gone up because of late payments
- There are loans or debt that I am unable to pay
- I have used credit cards for cash advances
- I've had past due bills sent to collection agencies
- I have lost a home to foreclosure
- I am at risk of losing my home to foreclosure
- I have had a car seized for non-payment of auto / title loan
- My credit score has gone way down
- I have been denied credit
- I have exceeded my credit card credit limits
- N/A

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What are some of the way(s) debts/loans impacting you and/or your family? (check all that applies):

- | | |
|---|---|
| <input type="checkbox"/> Difficulty affording adequate food | <input type="checkbox"/> Delaying paying into my 401k |
| <input type="checkbox"/> Having trouble paying rent on time | <input type="checkbox"/> Delaying buying a car |
| <input type="checkbox"/> Can't afford healthcare costs | <input type="checkbox"/> Delaying buying a home |
| <input type="checkbox"/> Can't afford to go to school myself | <input type="checkbox"/> Delaying getting married |
| <input type="checkbox"/> Can't afford to save | <input type="checkbox"/> Delaying having children |
| <input type="checkbox"/> Increased my work from _____ to _____ hrs/week | <input type="checkbox"/> Other |
| <input type="checkbox"/> Borrowed from my 401k/retirement | <input type="checkbox"/> N/A |

How much is your approximate household net monthly income?

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$500 | <input type="checkbox"/> \$2,000 - \$3,000 | <input type="checkbox"/> \$5,000 - \$6,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> \$3,000 - \$4,000 | <input type="checkbox"/> Over \$6,000 |
| <input type="checkbox"/> \$1,000 - \$2,000 | <input type="checkbox"/> \$4,000 - \$5,000 | |

Sources of Income Other than Wages

- | | |
|--|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> TANF or GA | <input type="checkbox"/> Other |

What is your marital status?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed/widower |
| <input type="checkbox"/> Married or Domestic Partnership | <input type="checkbox"/> Divorced | |

Which of the following describes your current living arrangements?

- | | |
|--|--|
| <input type="checkbox"/> I am the only adult in the household | <input type="checkbox"/> I live with other family, friends, or roommates |
| <input type="checkbox"/> I live with my spouse/partner/significant other | <input type="checkbox"/> Other |
| <input type="checkbox"/> I live in my parents' home | |

How many children do you have who are financially dependent on you or you and your spouse/partner?

Circle: 1 2 3 4+ No financially dependent children No children

How many other people are financially dependent on you or you and your spouse/partner?

Circle: 1 2 3 4+

What was the last year of education that you completed?

- | | |
|---|--|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> High school graduate – regular high school diploma | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High school graduate – GED or alternative credential | <input type="checkbox"/> Post graduate education |

My race/ethnicity is: _____

My gender is: _____

My age or date of birth is: _____